Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Writ	rite the name that is on ur government-issued sture identification (for ample, your driver's	Suzanne	
	pictu		First name	First name
		nse or passport).	Middle name	Middle name
	Brin	g your picture	Hayes	
	iden	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	ΛII A	other names you have		
۷.		d in the last 8 years		
		ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-7740	

Debtor 1 Suz	anne Hayes		Case number (if known)				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
Employer Numbers (ess names and Identification EIN) you have e last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	de names and ness as names	Business name(s)	Business name(s)				
		EINs	EINs				
5. Where you	ı live		If Debtor 2 lives at a different address:				
		487 Dogwood Ave West Hempstead, NY 11552					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Nassau					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6. Why you a	re choosing	Check one:	Check one:				
bankruptc		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Deb	otor 1 Suzanne Hayes					Case number (if known)			
Par	t 2: Tell the Court About	our Bank	ruptcy Case)					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chap	ter 7						
		☐ Chap	ter 11						
		☐ Chap							
		☐ Chap							
8.	How you will pay the fee	ab	out how you r	may pay. Typically torney is submitting	, if you are paying the fee y	ck with the clerk's office in your local court for courself, you may pay with cash, cashier's chalf, your attorney may pay with a credit care	neck, or money		
		•	•		ents. If you choose this opt	ion, sign and attach the Application for Indiv	iduals to Pay		
		Th	.,	-					
		bu [.] ap	t is not require plies to your f	ed to, waive your f family size and you	ee, and may do so only if you are unable to pay the fee	on only if you are filing for Chapter 7. By law our income is less than 150% of the official in installments). If you choose this option, yo icial Form 103B) and file it with your petition	poverty line that ou must fill out		
9.	Have you filed for bankruptcy within the	■ No.							
	last 8 years?	☐ Yes.							
			District _		When	Case number			
			District _		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District _		When	Case number, if known			
			Debtor _			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	■ No.	Go to line	12.					
	residence?	☐ Yes.	Has your	landlord obtained	an eviction judgment again	st you?			
			□ No	o. Go to line 12.	- •				
			□ Ye	es. Fill out <i>Initial</i> S is bankruptcy petit		Judgment Against You (Form 101A) and file	e it as part of		

Deb	tor 1 Suzanne Hayes				Case number (if known)				
	·								
Part	Report About Any Bu	ısinesses	You Own	as a Sole Proprie	etor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.					
		☐ Yes.	☐ Yes. Name and location of business						
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	ate & ZIP Code				
	it to this petition.		Check	the appropriate bo	ox to describe your business:				
				Health Care Busin	iness (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	al Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))				
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))				
				None of the above	ve				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropri deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statemen operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proced in 11 U.S.C. 1116(1)(B).						
	For a definition of small	■ No.	I am n	ot filing under Char	apter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ling under Chapter	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am fi	ling under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Part	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	ny Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.							
	property that poses or is								
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?					
	public health or safety? Or do you own any								
	property that needs immediate attention?			iate attention is why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?					
	- ,				Number, Street, City, State & Zip Code				

Debtor 1 Suzanne Hayes Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Suzanne Hayes		Case number (if known)						
Par	t 6: Answer These Quest	ions for Repo	rting Purposes						
16.	What kind of debts do you have?		 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. 						
			Yes. Go to line 17.						
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			□ No. Go to line 16c.						
			Yes. Go to line 17.						
		16c. St	ate the type of debts you owe th	nat are not consumer debts or business o	debts				
17.	Are you filing under Chapter 7?	□ No. I a	m not filing under Chapter 7. Go	o to line 18.					
	Do you estimate that after any exempt property is excluded and			u estimate that after any exempt propert le to distribute to unsecured creditors?	y is excluded and administrative expenses				
	administrative expenses	-	No						
	are paid that funds will be available for		Yes						
	distribution to unsecured creditors?								
18.	How many Creditors do	■ 1-49		□ 1,000-5,000	□ 25,001-50,000				
	you estimate that you owe?	☐ 50-99		□ 5001-10,000	5 0,001-100,000				
	owe.	100-199		□ 10,001-25,000	☐ More than100,000				
		200-999							
19.	How much do you estimate your assets to	□ \$0 - \$50,0		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	be worth?	□ \$50,001 - ■ \$100,001		□ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion					
		□ \$500,001		□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$50,0	000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?	\$50,001		□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion				
		□ \$100,001 ■ \$500,001		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
		\$500,001	- \$1 million	— \$100,000,001 \$000 Hillion	— More than too billion				
Par	t 7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request reli	ef in accordance with the chapte	er of title 11, United States Code, specific	ed in this petition.				
		bankruptcy of and 3571.	ase can result in fines up to \$25	cealing property, or obtaining money or p 50,000, or imprisonment for up to 20 yea	roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		/s/ Suzann Suzanne H		Signature of Debtor 2					
		Signature of		•					
		Executed on	December 17, 2018	Executed on					
			MM / DD / YYYY	MM / E	DD / YYYY				

Debtor 1 Suzanne Hayes		Case number (if known)							
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I h	es Code, and have e ave delivered to the d	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)						
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certif schedules filed with the petition is incorrect.	y that I have no know	ledge after an inquiry that the information in the						
	/s/ Richard A. Jacoby, Esq.	ard A. Jacoby, Esq. Date Dec							
	Signature of Attorney for Debtor		MM / DD / YYYY						
	Richard A. Jacoby, Esq.								
	Jacoby & Jacoby, Attorneys At Law Firm name								
	1737 North Ocean Avenue								
	Medford, NY 11763								
	Number, Street, City, State & ZIP Code								
	Contact phone 631-289-4600	Email address							
	2585735 NY								
	Bar number & State								

Fill in thi	s information to identify your	case:				
Debtor 1	Suzanne Hayes	ouco:				
Debitor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, f	ing) First Name	Middle Name	Last Name			
	ates Bankruptcy Court for the:	EASTERN DISTRICT				
United St	ates Bankruptcy Court for the.	EASTERN DISTRICT	OF NEW TORK			
Case nur (if known)	nber				_	if this is an led filing
					G	.oug
Officia	J Form 106Sum					
	al Form 106Sum ary of Your Assets	and Liabilities a	nd Cartain Statistic	eal Information	4	2/15
Be as cor	pplete and accurate as possit on. Fill out all of your schedul nal forms, you must fill out a Summarize Your Assets	ole. If two married peoples first; then complete t	e are filing together, both are he information on this form.	e equally responsible for If you are filing amende		
					Your as	ssets f what you own
	edule A/B: Property (Official F Copy line 55, Total real estate, f				\$	478,481.00
1b. (Copy line 62, Total personal pro	perty, from Schedule A/B			\$	12,500.00
1c. (Copy line 63, Total of all propert	y on Schedule A/B			\$	490,981.00
Part 2:	Summarize Your Liabilities					
					Your lia	abilities you owe
	edule D: Creditors Who Have C Copy the total you listed in Colu			Part 1 of Schedule D	\$	611,272.00
3. <i>Sch</i> 3a.	edule E/F: Creditors Who Have Copy the total claims from Part	Unsecured Claims (Official 1 (priority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E</i>	<u></u>	\$	0.00
3b. (Copy the total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedul	e E/F	\$	6,061.00
				Your total liabilities	\$	617,333.00
Part 3:	Summarize Your Income and	I Expenses				
	edule I: Your Income (Official Fo		o I		\$	2,000.00
5. Sch	edule J: Your Expenses (Officia	l Form 106J)			\$	2,100.00
Cop Part 4:	y your monthly expenses from I Answer These Questions for				Ψ	2,100.00
6. Are □	you filing for bankruptcy und No. You have nothing to report	• • •		form to the court with you	ır other sch	edules.
■ 7. Wh a	Yes t kind of debt do you have?					
	Your debts are primarily con household purpose." 11 U.S.C				a personal,	family, or
	Your debts are not primarily the court with your other scheo		ave nothing to report on this pa	art of the form. Check this	box and su	ıbmit this form to
o:: : : =	, , , , , , , , , , , , , , , , , , , ,					4 (0

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Suzanne Hayes Case number (if known)

3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this informatio	n to identify	y your case and th	is filin	g:			
	uzanne Ha	·	Name	Last Name			
Debtor 2	st ivallie	ivildale	i Name	Last Name			
	st Name	Middle	Name	Last Name			
United States Bankrup	tcy Court fo	r the: EASTERN	DISTRI	ICT OF NEW YORK			
Case number							☐ Check if this is an amended filing
							J
Official Form	106A/E	3					
Schedule A	VB: P	ropertv					12/15
think it fits best. Be as of information. If more space Answer every question.	omplete and ce is needed,	accurate as possibl attach a separate sl	e. If two neet to t	t only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally resp	onsible for su	pplying correct
Part I. Describe Each	Residence, E	sulluling, Land, or Ot	ilei Keai	Estate fou Own of have an interest in			
1. Do you own or have a	ny legal or e	quitable interest in a	ny resid	lence, building, land, or similar property?			
☐ No. Go to Part 2.							
Yes. Where is the p	roperty?						
1.1			What	t is the property? Check all that apply			
487 Dogwood Street address, if availa		scription		Single-family home			nims or exemptions. Put d claims on Schedule D:
Street address, if availa	ible, of officer de	scription		Duplex or multi-unit building			ns Secured by Property.
				Condominium or cooperative			
				Manufactured or mobile home	Current va	luo of the	Current value of the
West Hempste	ad NY	11552-0000		Land	entire prop		portion you own?
City	State	ZIP Code			\$47	78,481.00	\$478,481.00
							our ownership interest
				has an interest in the property? Check one		ee simple, ten: e), if known.	ancy by the entireties, or
					Fee sim	ole	
Nassau				·			
County				•			
				•		t If this is com structions)	munity property
				r information you wish to add about this iter erty identification number:	m, such as lo	cal	
				your entries from Part 1, including any		=>	\$478,481.00
Part 2: Describe Your							

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

De	ebtor	1 S	uzanne Hayes						Case nu	mber (if kn	own)		
3.	Cars	s, vans,	trucks, tractors,	sport utility vehic	cles, motorcy	ycles							
ſ	□No	1											
_	⊒ Ye												
•	_ 16	5 5											
3	.1 1	Make:	Chevy		Who has an ir	nterest in the	nronerty?	heck one					emptions. Put
J		Model:	Camaro		Debtor 1 or		property:	TIECK ONE					n Schedule D: d by Property.
		Year:	1997		Debtor 2 or	•				Current valu			value of the
	,	Approxin	nate mileage:		Debtor 1 ar	•	only			entire prope			you own?
	_	Other inf	ormation:		☐ At least one			er					
					☐ Check if th		unity propert	у	_	;	\$500.00		\$500.00
	L				(see instructi	ions)							
]	■ No) 98		ors, personal wate				ŕ					
5				portion you own or Part 2. Write tha							>		\$500.00
		1									\ <u>-</u>		<u> </u>
Do		ı own o	r have any legal	nd Household Item or equitable inter		the follow	ing items?					portion you	alue of the ou own? duct secured exemptions.
	Exa. □ N	<i>mples:</i> I lo		shings furniture, linens, c	china, kitchenv	vare							
	■ Y	'es. De	scribe										
			Но	usehold Goods	 S								\$1,500.00
												-	· ,
7.				ndios; audio, video nes, cameras, med			oment; comp	outers, print	iters, sca	anners; mu	sic collecti	ions; electı	ronic devices
	ΠY	es. De	scribe										
8.	Exa	mples: i		ines; paintings, pri memorabilia, colle		artwork; boo	oks, pictures	s, or other a	art objed	cts; stamp,	coin, or ba	aseball car	d collections;
	■ N □ Y		scribe										
9.	Exa	mples:	for sports and he Sports, photograph musical instrumen	hic, exercise, and	other hobby e	equipment; t	bicycles, po	ol tables, g	golf clubs	s, skis; can	oes and ka	ayaks; car _l	pentry tools;
	■ N □ Y		scribe										
10.	Ex	•	Pistols, rifles, sho	otguns, ammunitio	n, and related	l equipment	t						
	■ N □ Y		scribe										
		JJ. DO											

De	Suzanne Ha	iyes		Case number (if known)	
	Clothes Examples: Everyday cl □ No ■ Yes. Describe	lothes, furs, leather coat	s, designer wear, shoes, accessori	es	
		Clothes			\$1,000.00
	Jewelry Examples: Everyday je □ No ■ Yes. Describe	ewelry, costume jewelry, Jewelry	engagement rings, wedding rings,	heirloom jewelry, watches, gems,	gold, silver \$400.00
	Non-farm animals Examples: Dogs, cats, ■ No □ Yes. Describe	birds, horses			
	■ No	-	u did not already list, including a	ny health aids you did not list	
	☐ Yes. Give specific inf	formation			
15		•	om Part 3, including any entries		\$2,900.00
Pa	rt 4: Describe Your Finan	ncial Assets			
			est in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examples: Money you No Yes		our home, in a safe deposit box, an	nd on hand when you file your petit	ion
17.			al accounts; certificates of deposit; scounts with the same institution, list		houses, and other similar
	□ No ■ Yes		Institution name:		
		17.1.	TD Bank		\$100.00
18.	Bonds, mutual funds, Examples: Bond funds		cks ith brokerage firms, money market	accounts	
	☐ Yes	Institution or is	ssuer name:		
	Non-publicly traded st joint venture ■ No	tock and interests in in	acorporated and unincorporated	businesses, including an intere	st in an LLC, partnership, and
	Yes. Give specific inf				
		Name of entity:		% of ownership:	
	Negotiable instruments	s include personal check	negotiable and non-negotiable is, cashiers' checks, promissory no not transfer to someone by signing	tes, and money orders.	

D	ebtor 1	Suzanne Haye	es	C	Case number (if known)	
	☐ Yes.	Give specific inforn	mation about them Issuer name:			
21		nent or pension a ples: Interests in IR		3(b), thrift savings accounts, or other pe	nsion or profit-sharing plans	
	Yes.	List each account s	separately. Type of account:	Institution name:		
_				Pension		\$5,000.00
22	Your s		deposits you have made so t	hat you may continue service or use fror ublic utilities (electric, gas, water), teleco		i
				Institution name or individual:		
23	. Annuit	ies (A contract for	a periodic payment of money	to you, either for life or for a number of	years)	
	■ No Yes	lssu	er name and description.			
24	. Interest 26 U.S.	ts in an education C. §§ 530(b)(1), 52	IRA, in an account in a qual (9A(b), and 529(b)(1).	alified ABLE program, or under a qua	lified state tuition program.	
	☐ Yes	Insti	itution name and description.	Separately file the records of any interest	sts.11 U.S.C. § 521(c):	
25	. Trusts,	, equitable or futu	re interests in property (oth	ner than anything listed in line 1), and	rights or powers exercisable for	your benefit
	■ No □ Yes.	Give specific infor	mation about them			
26				I other intellectual property s from royalties and licensing agreement	ts	
	_	Give specific infor	mation about them			
27			nd other general intangibles its, exclusive licenses, coope	s rative association holdings, liquor licens	es, professional licenses	
	■ No □ Yes.	Give specific infor	mation about them			
М	oney or	property owed to	you?		Curren	t value of the
	,	, ,	•		Do not o	you own? deduct secured or exemptions.
28		unds owed to you	и			
	■ No □ Yes.	Give specific inforn	mation about them, including	whether you already filed the returns and	d the tax years	
29		support oles: Past due or lu	mp sum alimony, spousal su	pport, child support, maintenance, divord	ce settlement, property settlement	
	☐ Yes.	Give specific inform	mation			
30				nts, disability benefits, sick pay, vacation ne else	pay, workers' compensation, Socia	al Security
	■ No □ Yes.	Give specific infor	·			

Debtor 1 Suzanne Hayes			Case number (if known)	Case number (if known)			
31.	Interes	sts in insurance policies					
_		oles: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurar	nce			
		Name the insurance company of each policy and list its value.					
		Company name:	Beneficiary:	Surrender or refund value:			
32.	If you a	terest in property that is due you from someone who has die are the beneficiary of a living trust, expect proceeds from a life in one has died.		eive property because			
I	No						
[☐ Yes.	Give specific information					
_		s against third parties, whether or not you have filed a lawsu oles: Accidents, employment disputes, insurance claims, or rights					
[☐ Yes.	Describe each claim					
_	Other o	contingent and unliquidated claims of every nature, includin	g counterclaims of the debtor and rights to	set off claims			
ı	Yes.	Describe each claim					
		FDCPA Actions		\$4,000.00			
		1 DOI A Actionic		<u> </u>			
_	Any fin ■ No	nancial assets you did not already list					
_		Give specific information					
36.		the dollar value of all of your entries from Part 4, including a art 4. Write that number here		\$9,100.00			
Par	t 5: De	sscribe Any Business-Related Property You Own or Have an Interest	In. List any real estate in Part 1.				
37.	Do you o	own or have any legal or equitable interest in any business-related p	roperty?				
	No. Go	o to Part 6.					
	Yes. G	Go to line 38.					
Par		escribe Any Farm- and Commercial Fishing-Related Property You Ow you own or have an interest in farmland, list it in Part 1.	n or Have an Interest In.				
46.		u own or have any legal or equitable interest in any farm- or	commercial fishing-related property?				
	■ No.	Go to Part 7.					
	☐ Yes	s. Go to line 47.					
Par	t 7:	Describe All Property You Own or Have an Interest in That You Die	d Not List Above				
53.	Do you Exam	have other property of any kind you did not already list? ples: Season tickets, country club membership					
_	■ No □ Yes	Give specific information					
٠	00.	C. C. Specific information		1			
54.	Add t	the dollar value of all of your entries from Part 7. Write that r	number here	\$0.00			

Debto	Suzanne Hayes		Case number (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. F	Part 1: Total real estate, line 2			\$478,481.00
56. F	Part 2: Total vehicles, line 5	\$500.00		
57. F	Part 3: Total personal and household items, line 15	\$2,900.00		
58. F	Part 4: Total financial assets, line 36	\$9,100.00		
59. F	Part 5: Total business-related property, line 45	\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. F	Part 7: Total other property not listed, line 54	\$0.00		
62. T	Total personal property. Add lines 56 through 61	\$12,500.00	Copy personal property total	\$12,500.00
63. T	Total of all property on Schedule A/B. Add line 55 + line 62			\$490,981.00

Fİ	Il in this information to identify your case:				
De	Suzanne Hayes First Name	Middle Nome		act Name	
De	ebtor 2	Middle Name	L	ast Name	
		Middle Name	L	ast Name	
Un	nited States Bankruptcy Court for the: EAST	ERN DISTRICT OF N	EW Y	ORK	
Ca	ase number				
	known)				☐ Check if this is an
					amended filing
O.	fficial Form 106C				
S	chedule C: The Propei	rty You Cla	ıim	as Exempt	4/16
the nee cas For spe any	as complete and accurate as possible. If two m property you listed on Schedule A/B: Property eded, fill out and attach to this page as many cose number (if known). The each item of property you claim as exempted ecific dollar amount as exempt. Alternatively applicable statutory limit. Some exemption	(Official Form 106A/B) opies of <i>Part 2: Addition</i> styles, you must specify the specific transfer specific t	as yo nal Pa e amo full fai r healt	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain to the source.	claim as exempt. If more space is additional pages, write your name and One way of doing so is to state a ring exempted up to the amount of benefits, and tax-exempt retirement
exe	ids—may be unlimited in dollar amount. How emption to a particular dollar amount and the the applicable statutory amount.				
Pa	Int 1: Identify the Property You Claim as E	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	•	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	487 Dogwood Ave West Hempstead,	\$478,481.00	•	\$1.00	11 U.S.C. § 522(d)(1)
	NY 11552 Nassau County Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	1997 Chevy Camaro	\$500.00		\$500.00	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.1			100% of fair market value, up to	
				any applicable statutory limit	
	Household Goods	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Clothes	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 11.1		_	100% of fair market value, up to any applicable statutory limit	
	lowelry				44 II C C & E22/4//4/
	Jewelry	\$400.00		\$400.00	11 U.S.C. § 522(d)(4)

Official Form 106C

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 12.1

De	Suzaille nayes					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che			
	TD Bank Line from Schedule A/B: 17.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)	
	Line Hotti Schedule A/B. 1111	I		100% of fair market value, up to any applicable statutory limit		
	Pension Line from Schedule A/B: 21.1	\$5,000.00		\$5,000.00	11 U.S.C. § 522(d)(10)(E)	
	Line Hotti Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit		
	FDCPA Actions Line from Schedule A/B: 34.1	\$4,000.00		\$4,000.00	11 U.S.C. § 522(d)(5)	
	Line Holli Schedule A.B. 34.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No ☐ Yes. Did you acquire the property cove	3 years after that for ca	ases fi	•	,	
	□ No □ Yes					

Fill in this information	on to identify you	r case:			
	Suzanne Hayes				
	First Name	Middle Name Last Name			
Debtor 2					
(Spouse if, filing) F	First Name	Middle Name Last Name			
United States Bankru	ptcy Court for the:	EASTERN DISTRICT OF NEW YORK			
Case number				☐ Check	if this is an
				amend	led filing
Official Form 1	06D				
		Who House Claims Seems	ad by Dranarty	_	10/15
Schedule D:	Creditors	Who Have Claims Secure	ed by Property		12/15
		f two married people are filing together, both are ut, number the entries, and attach it to this form.			
1. Do any creditors hav	e claims secured by	your property?			
□ No. Check this	s box and submit th	is form to the court with your other schedules.	You have nothing else to	report on this form.	
Yes. Fill in all	of the information b	pelow.			
	ecured Claims				
			, Column A	Column B	Column C
for each claim. If more to	than one creditor has	nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As al order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 Discover Bar	nk	Describe the property that secures the claim:	\$4,479.00	\$478,481.00	\$4,479.00
Creditor's Name		487 Dogwood Ave West Hempstead, NY 11552 Nassau County			
6500 New All	nany Poad	As of the date you file, the claim is: Check all that			
New Albany,	•	apply. Contingent			
Number, Street, City		☐ Unliquidated			
		☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only		car loan)			
Debtor 1 and Debtor	•	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the de		Judgment lien from a lawsuit			
☐ Check if this claim community debt	relates to a	Other (including a right to offset)			
Date debt was incurred	d <u>11/20/13</u>	Last 4 digits of account number 9817	7		
NJCC NYS C	ommunity	Describe the property that secures the claim:	\$606,400.00	\$478,481.00	\$127,919.00
Restor Creditor's Name		487 Dogwood Ave West Hempstead,			
		NY 11552 Nassau County			
80 State Stre		As of the date you file, the claim is: Check all that apply.			
Albany, NY 1	2207-2543	☐ Contingent			
Number, Street, City	, State & Zip Code	Unliquidated			
Who owes the debt?	Check one	Disputed Nature of lien. Check all that apply.			
Debtor 1 only	Onder One.	☐ An agreement you made (such as mortgage or s	secured		
Debtor 1 only		car loan)			
Debtor 1 and Debtor	· 2 onlv	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the de	-	☐ Judgment lien from a lawsuit			
☐ Check if this claim community debt		Other (including a right to offset) Mortgage	•		
Date debt was incurred	d	Last 4 digits of account number			

Official Form 106D

Debt	tor 1 Suzanne Hayes		Case number (if known)		
	First Name Middle N	ame Last Name			
2.3	NYS Dept of Taxation &	Describe the property that secures the claim:	\$393.00	\$478,481.00	\$393.00
	Creditor's Name	487 Dogwood Ave West Hempstead NY 11552 Nassau County	<u> </u>		
	WA Harriman State Campus Albany, NY 12227-0001	As of the date you file, the claim is: Check all th apply. Contingent	at		
Who	Number, Street, City, State & Zip Code owes the debt? Check one.	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.			
■ D	ebtor 1 only ebtor 2 only	An agreement you made (such as mortgage of car loan)	or secured		
□D	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	·n)		
	t least one of the debtors and another	Judgment lien from a lawsuit			
	heck if this claim relates to a community debt	Other (including a right to offset)			
Date	debt was incurred 2018	Last 4 digits of account number	31		
Δdd	d the dollar value of your entries in C	Column A on this page. Write that number here:	\$611,272.	no	
	-	the dollar value totals from all pages.			
Wr	ite that number here:		\$611,272.0	00	
Part	2: List Others to Be Notified for	or a Debt That You Already Listed			
trying than	g to collect from you for a debt you o	ne notified about your bankruptcy for a debt that we to someone else, list the creditor in Part 1, a t you listed in Part 1, list the additional creditors nis page.	and then list the collection agen	cy here. Similarly, if you	have more
	Name, Number, Street, City, State & Knuckles, Komosinski &	Zip Code Or	n which line in Part 1 did you enter	the creditor?	
	Elliott, LLP 565 Taxter Road Suite 590 Elmsford, NY 10523	La	ast 4 digits of account number		
	Name, Number, Street, City, State &	Zip Code Or	n which line in Part 1 did you enter	the creditor? 2.1	
	Selip & Stylianou, LLP f/k/a Cohen & Slamowitz P.O. Box 9004		st 4 digits of account number		
	199 Crossways Park Drive Woodbury, NY 11797-9004				

Fill in this infor	mation to identify your	case:		
Debtor 1	Suzanne Hayes			
Debier 1	First Name	Middle Name	Last Name	-
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	_
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Form	400E/E			
Official Forr		/ha Hava Haaaa	and Claims	40/45
		/ho Have Unsecu		12/15 h NONPRIORITY claims. List the other party
Schedule D: Crediteller Contact the Contact and case nu	tors Who Have Claims Sec ntinuation Page to this page	eured by Property. If more sp ge. If you have no informatio		t out, number the entries in the boxes on the t tout, number the entries in the boxes on the the top of any additional pages, write your
_ `	ors have priority unsecure	ed claims against you?		
No. Go to F	Part 2.			
Yes.	u (V Neuppiepi			
	All of Your NONPRIORIT			
3. Do any credit	ors have nonpriority unse	cured claims against you?		
☐ No. You ha	ave nothing to report in this p	part. Submit this form to the co	urt with your other schedules.	
Yes.				
unsecured clai	im, list the creditor separate	y for each claim. For each clai	ler of the creditor who holds each claim. If a im listed, identify what type of claim it is. Do not 3.If you have more than three nonpriority unsec	list claims already included in Part 1. If more
				Total claim
4.1 Barclay	ys Bank Delaware	Last 4 digits	s of account number	\$4,000.00
•	ty Creditor's Name	NA//		
Attn: C	Customer Sprt Dept 8833	When was t	he debt incurred?	
Wilmin	gton, DE 19899			
	Street City State Zlp Code		te you file, the claim is: Check all that apply	
Who incu	urred the debt? Check one.			
Debto	r 1 only	☐ Continger	nt	
☐ Debto	r 2 only	☐ Unliquida	ited	
☐ Debto	r 1 and Debtor 2 only	☐ Disputed		
☐ At leas	st one of the debtors and an	Oli ICi	NPRIORITY unsecured claim:	
	k if this claim is for a com			
debt	dan andriant to 180 10	· ·	ns arising out of a separation agreement or div	orce that you did not
	im subject to offset?	report as pric	· ·	
■ No			pension or profit-sharing plans, and other simila	ar dedts
☐ Yes		Other. Sp	pecify Credit Card	

Debtor	1 Suzann	e Hayes		Case nu	umber (if known)		
4.2		r Capital Bank/HSN	Last 4 digits of account number	0276			\$61.00
	Attn: Bar Po Box 18	nkruptcy Dept	When was the debt incurred?	Oper 11/28	ned 05/18 Las 8/18	st Active	
-	Number Stre	et City State Zlp Code et the debt? Check one.	As of the date you file, the claim i	i s: Check	all that apply		
	Debtor 1	only	☐ Contingent				
	Debtor 2	only	☐ Unliquidated				
	_	and Debtor 2 only	☐ Disputed				
	_	ne of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if	this claim is for a community	☐ Student loans				
	debt	subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration ag	reement or divorce	e that you did not	
	■ No		Debts to pension or profit-sharin	g plans, a	and other similar d	lebts	
	Yes		■ Other Specify Charge Acc	count			
4.3	NYS Dept	of Taxation & Fi	Last 4 digits of account number				\$2,000.00
	Nonpriority C	reditor's Name man State Campus IY 12227-0001	When was the debt incurred?				Ψ-,••••
-	Number Stre	et City State Zlp Code d the debt? Check one.	As of the date you file, the claim i	i s: Check	all that apply		
	Debtor 1	only	☐ Contingent				
	Debtor 2	only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:				
	Debtor 1	and Debtor 2 only					
	☐ At least o	ne of the debtors and another					
		this claim is for a community	☐ Student loans				
	debt	subject to offset?	Obligations arising out of a sepa report as priority claims	ration ag	reement or divorce	e that you did not	
	■ No	Subject to offset?	Debts to pension or profit-sharin	a plans :	and other similar d	lebts	
	Yes		■ Other. Specify State taxes		and outer emiliar a		
Dort 2:	- 1 :-4 O4b	ove to De Netified About a Debt	That Var. Almandu Listad				
is tryir have n	is page only ng to collect nore than on d for any del	from you for a debt you owe to some	out your bankruptcy, for a debt that y eone else, list the original creditor in ou listed in Parts 1 or 2, list the addi submit this page.	Parts 1	or 2, then list the	collection agency here.	Similarly, if you
	he amounts f unsecured		s. This information is for statistical re	eporting		·	mounts for each
		a Domostic support chliqutions		60		Il Claim	
	otal nims	a. Domestic support obligations		6a.	\$	0.00	
from Pa	art 1 6	b. Taxes and certain other debts y	-	6b.	\$	0.00	
		c. Claims for death or personal inj	ury while you were intoxicated cured claims. Write that amount here.	6c.	\$	0.00	
	0	d. Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	0.00	
	6	e. Total Priority. Add lines 6a through	gh 6d.	6e.	\$	0.00	
					Tota	Il Claim	
	otal ims	f. Student loans		6f.	\$	0.00	
from Pa			aration agreement or divorce that	60	¢	0.00	
	6	you did not report as priority cla h. Debts to pension or profit-shari	aims ng plans, and other similar debts	6g. 6h.	\$ \$	0.00	

Official Form 106 E/F

Other. Add all other nonpriority unsecured claims. Write that amount

Debtor 1	Suzanne	Hayes	Case nui	mber (if known)		
		here.			6,061.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	6,061.00	l

Fill in this inform	ill in this information to identify your case:								
Debtor 1	Suzanne Hayes				ı				
	First Name	Middle Name	Last Name		İ				
Debtor 2					1				
(Spouse if, filing)	First Name	Middle Name	Last Name		ı				
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F NEW YORK		l				
Case number _					1				
(if known)						Check if this is an			
					İ	amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	Company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this in	nformation to identify your	case:			
Debtor 1	Suzanne Hayes				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing) First Name	Middle Name	Last Name	_	
United State	es Bankruptcy Court for the:	EASTERN DISTRICT O	OF NEW YORK		
Case number	er				☐ Check if this is an amended filing
	Form 106H ule H: Your Cod	ebtors			12/15
people are fi fill it out, and your name a	iling together, both are equ d number the entries in the and case number (if known)	ally responsible for sup boxes on the left. Attac . Answer every question	olying correct informat h the Additional Page to	ion. If more space is no o this page. On the top	ate as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
1. Do yo	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona	n the last 8 years, have you, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou	Nevada, New Mexico, Pu	uerto Rico, Texas, Washi		v states and territories include
in line 2 Form 10 out Col	2 again as a codebtor only i 06D), Schedule E/F (Official	f that person is a guarar	ntor or cosigner. Make	sure you have listed the	g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt
Na	ame, Number, Street, City, State and ZI	P Code		Check all schedule	
3.1 Na	ame			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ne
Ni Ci	umber Street ity	State	ZIP Code		
3.2 _{Na}	ame			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line	ne
	umber Street ity	State	ZIP Code	_	

Fill	in this information to ider	ntify your ca	ise:								
Del	btor 1 Suz	zanne Hay	/es								
	btor 2					_					
Uni	ited States Bankruptcy Co	ourt for the:	EASTERN DISTRICT	OF NEW YORK							
(If kr	se number	O.I.					□ A		ed filing ent showin	g postpetition ollowing date:	
	fficial Form 10						M	M / DD/ Y	/YYY		
	chedule I: You as complete and accura										12/15
spo atta	plying correct informati use. If you are separate ch a separate sheet to t rt 1: Describe Em Fill in your employme	ed and you this form. (r spouse is not filing wi	ith you, do not inclu onal pages, write y	ude infor	mati	on about	your spo imber (if	ouse. If mo known). A	ore space is nswer every	needed,
	information.			Debtor 1						ling spouse	
	If you have more than on attach a separate page information about addit	with	Employment status	■ Employed□ Not employed				☐ Empl	•		
	employers.		Occupation	Self Employed							
	Include part-time, seas self-employed work.	onal, or	Employer's name	NY Studio Galle	ery						
	Occupation may include or homemaker, if it app		Employer's address	214 N Ohioville New Paltz, NY							
			How long employed t	here?				_			
Pai	rt 2: Give Details /	About Mon	thly Income								
	imate monthly income a use unless you are separ		ite you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. Inc	clude your noi	n-filing
	ou or your non-filing spous e space, attach a separat			ombine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Dek	otor 1		otor 2 or ng spouse	
2.			y, and commissions (be alculate what the month)		2.	\$		0.00	\$	N/A	
3.	Estimate and list mon	thly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Incom	ne. Add lin	e 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Suzanne Hayes	_	Cas	se number (if known)				
				F	or Debtor 1		or Debtor		
	Cop	by line 4 here	4.	\$	0.00	\$	g o	N/A	_
	·					_	,		_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$ \$	0.00	\$ \$		N/A N/A	
	5g.	Union dues	5g.	\$	0.00	\$ \$		N/A	_
	5h.	Other deductions. Specify:	5h.+			+ \$		N/A	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	_
									_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$_		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	500.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	1,500.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e.	\$	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	- -
	8h.	Other monthly income. Specify:	8h.+	- \$	0.00	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,000.00	\$_		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		2,000.00 + \$		N/A	= \$	2,000.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		. •	•			0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						\$	2,000.00 ned
13.	Do	you expect an increase or decrease within the year after you file this form	2					month	ly income
10.		No.	•						
		Yes. Explain:							

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	Suzanne Hayes		Checl	c if this is:	
Deh	otor 2			An amended filing	ring postpetition chapter
	puse, if filing)			13 expenses as of t	
Unit	ed States Bankruptcy Court for the:EASTERN DISTRICT OF NEW YC	DRK	1	MM / DD / YYYY	
Cas	e number				
(If k	nown)				
O	fficial Form 106J				
S	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this funder (if known). Answer every question.	e filing together, bo orm. On the top of	th are equa any additio	lly responsible fo nal pages, write y	r supplying correct our name and case
	t 1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Housel	hold of Debte	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	500.01.2.				□ No
	Do not state the dependents names.	Son		12	■ Yes
					□ No
					☐ Yes
					□ No
					☐ Yes
					□ No
3.	Do your expenses include ■ No				☐ Yes
0.	expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your bankruptcy	ou are using this fo	rm as a sup	pplement in a Cha	pter 13 case to report
	penses as of a date after the bankruptcy is filed. If this is a suppl plicable date.	emental Schedule	J, check the	e box at the top of	the form and fill in the
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yo				
(Of	ficial Form 106l.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
F	4d. Homeowner's association or condominium dues	a a a suide i la a	4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hon	ne equity loans	5. \$		0.00

Suzanne	e Hayes	Case num	ber (if known)	
lities:				
	, heat, natural gas	6a.	\$	350.00
	•			50.00
			·	200.00
•				0.00
			·	650.00
			·	0.00
			·	150.00
-	· · · · · · · · · · · · · · · · · · ·		· -	
	•		·	100.00
	•	11.	Φ	100.00
•	•	12.	\$	300.00
			· -	50.00
				25.00
	unbutions and rengious donations	14.	Ψ	23.00
	nsurance deducted from your nay or included in line	s 4 or 20		
			\$	0.00
			· -	0.00
			·	125.00
			·	
			Ψ	0.00
	nclude taxes deducted from your pay or included in		¢	0.00
	lasea naymonte:	10.	Ψ	0.00
		17a	\$	0.00
			· -	0.00
			*	
			·	0.00
	·		>	0.00
			\$	0.00
		iciai i citii iccij.	•	0.00
	s you make to support others who do not live w	-	Ψ	0.00
,	porty expenses not included in lines 4 or 5 of this		ur Incomo	
				0.00
				0.00
			·	
			·	0.00
			·	0.00
	ner's association or condominium dues		·	0.00
ner: Specify:		21.	+\$	0.00
lculate vour	monthly expenses			
•	•		œ.	2 400 00
	•	cial Form 106 L 2		2,100.00
		uai r'UIIII 100J-Z	·	
c. Add line 22	2a and 22b. The result is your monthly expenses.		\$	2,100.00
culate vour	monthly net income.			
-	•	1 232	\$	2,000.00
				2,100.00
. Copy you	ii monuny expenses nom line 220 above.	230.	Ψ	∠,100.00
Subtract	your monthly expenses from your monthly income			
		23c.	\$	-100.00
vou expect	an increase or decrease in your expenses within	the year after you file this	form?	
				se or decrease because of a
	e terms of your mortgage?	, , ,	,	
No.				
I diprolitate a constant a consta	lities: Electricity Water, se Telephon Other. Sp od and hous ildcare and othing, launce sonal care dical and de nsportation not include of certainment, aritable con urance. not include in. Life insur. Delice insur. Car payment. Car payme	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dd and housekeeping supplies idicare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses nsportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and aritable contributions and religious donations urance. Into tinclude insurance deducted from your pay or included in line Life insurance Health insurance Health insurance Other insurance. Specify: tess. Do not include taxes deducted from your pay or included in decify: tallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Trayments of allimony, maintenance, and support that you ducted from your pay on line 5, Schedule I, Your Income (Offer payments you make to support others who do not live we decify: In Payments you make to support others who do not live we decify: Inter real property expenses not included in lines 4 or 5 of this Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues her: Specify: culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Offic. Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule Copy jour monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from line 22c above.	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother. Specify: da and housekeeping supplies Total dark of housekeeping supplies At thing, laundry, and dry cleaning sonal care products and services dical and dental expenses 10. dical and dental expenses 11. nsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. Net include insurance deducted from your pay or included in lines 4 or 20. Life insurance 15a. Health insurance 15b. Health insurance 15c. Vehicle insurance Specify: Less. Do not include taxes deducted from your pay or included in lines 4 or 20. solify: Lallment or lease payments: Loar payments for Vehicle 1 Car payments for Vehicle 2 17b. Car payments for Vehicle 1 Car payments for Vehicle 2 17c. Cother. Specify: 17d. Dither. Specify: 17d. Dither. Specify: 17e. Dither. Specify: 17e. Dither specify: 18	Ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cither. Specify: 6c. \$ Cither. Specify: 6d. \$ dand housekeeping supplies 7. \$ Idcare and children's education costs 8. \$ thing, laundry, and dry cleaning 9. \$ sonal care products and services 10. \$ dical and dental expenses 11. \$ nsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books 13. \$ aritable contributions and religious donations 14. \$ urance. 15b. \$ Health insurance deducted from your pay or included in lines 4 or 20. 1. Life insurance deducted from your pay or included in lines 4 or 20. 1. Life insurance. 15b. \$ Health insurance. Specify: 15c. \$ 10. Other insurance. Specify: 15c. \$ 15c. \$ 15d.

ill in this infor					
ebtor 1	Suzanne Hayes				
-640	First Name	Middle Name	Last Name		
ebtor 2 pouse if, filing)	First Name	Middle Name	Last Name		
nited States B	ankruptcy Court for the:	EASTERN DISTRICT O	NEW YORK		
Tilleu States D	ankruptcy Court for the.	LASTERN DISTRICT C	OF INEW TORK		
ase number					
known)					Check if this is an amended filing
					amended ming
fficial For	m 106Dec				
		an Individual	Debtor's Sche	dulae	
Clara	HOH ADOUL	aii iiiuiviuuai	Depior 3 3cme	uules	12/1
u must file th	is form whenever you	file bankruptcy schedules in connection with a bank	nsible for supplying correct i s or amended schedules. Mak kruptcy case can result in fin	king a false statemer	
ou must file th otaining mone ars, or both. 1	is form whenever you y or property by fraud I8 U.S.C. §§ 152, 1341, In Below	file bankruptcy schedules in connection with a banl 1519, and 3571.	s or amended schedules. Mak	king a false statemer es up to \$250,000, or	
ou must file th otaining mone ars, or both. 1	is form whenever you y or property by fraud I8 U.S.C. §§ 152, 1341, In Below	file bankruptcy schedules in connection with a banl 1519, and 3571.	s or amended schedules. Mak kruptcy case can result in fin	king a false statemer es up to \$250,000, or	
ou must file the staining mone ars, or both. 1 Sig Did you pa	is form whenever you y or property by fraud I8 U.S.C. §§ 152, 1341, In Below	file bankruptcy schedules in connection with a banl 1519, and 3571.	s or amended schedules. Mak kruptcy case can result in fin	king a false statemer es up to \$250,000, or uptcy forms?	
Did you pa	is form whenever you y or property by fraud 18 U.S.C. §§ 152, 1341, In Below ay or agree to pay som Name of person	file bankruptcy schedules in connection with a band 1519, and 3571.	s or amended schedules. Mak kruptcy case can result in fin	uptcy forms? Attach Bankrupt Declaration, and	cy Petition Preparer's Notice, I Signature (Official Form 119)
Did you pa	is form whenever you y or property by fraud 18 U.S.C. §§ 152, 1341, In Below ay or agree to pay som Name of person alty of perjury, I declare the true and correct.	file bankruptcy schedules in connection with a band 1519, and 3571.	s or amended schedules. Mak kruptcy case can result in fine mey to help you fill out bankr	uptcy forms? Attach Bankrupt Declaration, and	cy Petition Preparer's Notice, I Signature (Official Form 119)
Did you pa No Yes. Under penathat they ar X /s/ Suzan	is form whenever you y or property by fraud 18 U.S.C. §§ 152, 1341, In Below ay or agree to pay som Name of person alty of perjury, I declare	file bankruptcy schedules in connection with a band 1519, and 3571.	s or amended schedules. Mak kruptcy case can result in fin	uptcy forms? Attach Bankrupt Declaration, and	cy Petition Preparer's Notice, I Signature (Official Form 119)

Official Form 106Dec

Fill	l in this info	rmation to identify your	case:					
	btor 1	Suzanne Hayes						
		First Name	Midd	le Name	Li	ast Name		
	btor 2 ouse if, filing)	First Name	Midd	le Name	Li	ast Name		
Un	ited States B	ankruptcy Court for the:	EASTER	N DISTRICT OF	NEW YO	ORK		
_		annuality Court for the						
	se number nown)							Check if this is an amended filing
Of	ficial Fo	orm 107						
St	atemen	t of Financial A	Affairs	for Indivi	duals	Filing for E	Bankruptcy	4/16
info nun	ormation. If mover the second		attach a se stion.	parate sheet to	this forn	n. On the top of an	equally responsible for su y additional pages, write yo	
1.	What is yo	ur current marital statu	s?					
	☐ Marrie	ıd						
	■ Not ma							
2.	During the	last 3 years, have you	lived anywh	nere other than	where yo	ou live now?		
	■ No							
	☐ Yes. L	ist all of the places you li	ved in the la	st 3 years. Do n	ot include	where you live nov	٧.	
	Debtor 1 F	Prior Address:		Dates Debtor 1 lived there		Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
3. stat							nity property state or territo ico, Texas, Washington and	
	■ No							
	☐ Yes. N	Make sure you fill out Sch	edule H: Yo	ur Codebtors (O	fficial For	m 106H).		
Pa	rt 2 Expl	ain the Sources of You	r Income					
4.	Fill in the to	ve any income from en tal amount of income you ling a joint case and you	received fr	om all jobs and a	all busine	sses, including part		endar years?
	□ No							
	Yes. F	ill in the details.						
			Debtor 1				Debtor 2	
			Sources of Check all the			s income e deductions and sions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until led for bankruptcy:	☐ Wages, bonuses, ti	commissions,		\$0.00	☐ Wages, commissions, bonuses, tips	
			■ Operatir	ng a business			☐ Operating a business	

Official Form 107

Deb	otor 1	Suz	zanne Hay	/es					Case	number (if known)		
					Debtor 1					Debtor 2		
					Sources	of income that apply.	(be	oss income fore deductions clusions)	s and	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			dar year: December :	31, 2017)	☐ Wages bonuses,	s, commissions, tips		\$	0.00	☐ Wages, combonuses, tips	missions,	
					■ Opera	ting a business				☐ Operating a	business	
			ar year bef December :		☐ Wages bonuses,	s, commissions, tips		\$	60.00	☐ Wages, combonuses, tips	missions,	
					■ Opera	ting a business				☐ Operating a	business	
	and o winni List e	other p ngs. If each s No	oublic benef you are fili	it payments; ng a joint cas he gross inco	pensions; re se and you h	ental income; intenave income that your source separa	rest; di you re	ividends; money ceived together,	y collecte , list it on	ed from lawsuits; ly once under De	royalties; and ebtor 1.	ecurity, unemployment d gambling and lottery
					Debtor 1					Debtor 2		
					Sources of Describe b		eac (be	oss income fro ch source fore deductions clusions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	t 3:	List	Certain Pa	yments You	Made Befo	re You Filed for	Bankr	uptcy				
6.		No.	Neither Deindividual puring the No. Yes	ebtor 1 nor Derimarily for a 90 days befor Go to line 7 List below e paid that crunot include to adjustment or Debtor 2 or 90 days befor Go to line 7 List below e	personal, for you filed to editor. Do no payments to to a 4/01/19 r both haware you filed to editor. Do no payments to the condition of the c	amily, or househo for bankruptcy, di r to whom you pai ot include paymer o an attorney for the and every 3 year or bankruptcy, di r to whom you pai omestic support o	umer of lid you id a tolonts for his ballers after umer of id you id a tolond	pay any creditor tal of \$6,425* or domestic supported to the cases of that for cases of debts. pay any creditor	r more in ort obligation of a total ore and	of \$6,425* or mo one or more pay tions, such as ch or after the date of of \$600 or more?	re? rments and the control of the co	
	•		N	,	ans parietu			T . ()		A	M 41.	
	Cred	aitor's	Name and	Address		Dates of payme	ent	Total amo	unt oaid	Amount you still owe	was this p	payment for

De	ebtor 1 Suzanne Hayes		Case	e number (if known)		
7.	Insiders include your relatives; any of which you are an officer, directo	or bankruptcy, did you make a pay y general partners; relatives of any g or, person in control, or owner of 20% proprietor. 11 U.S.C. § 101. Include p	eneral partners; partner or more of their voting	rships of which yo securities; and ar	u are a genera ny managing a	I partner; corporation gent, including one fo
	No					
	☐ Yes. List all payments to an ir Insider's Name and Address		Total amount	Amount vou	Dancer for	ihia naumant
	insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for insider? Include payments on debts guaran	or bankruptcy, did you make any p	ayments or transfer a	ny property on a	ccount of a de	bt that benefited an
	No	and done				
	☐ Yes. List all payments to an ir Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
	monder o Nume and Address	butes of payment	paid	still owe	Include cred	
Pai	art 4: Identify Legal Actions, Rep	possessions, and Foreclosures				
9.		or bankruptcy, were you a party in sonal injury cases, small claims actions.				
	□ No■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
	NJCC NYS Community Rsto Fund LLC	pration Foreclosure	Nassau County Cou	-	■ Pending □ On appe	al
	vs Suzanne Hayes 15-6157		100 Supreme C Mineola, NY 115		Conclude	
10.	Within 1 year before you filed for Check all that apply and fill in the companies. No. Go to line 11. Yes. Fill in the information be	details below.	pperty repossessed, fo	oreclosed, garnis	shed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Propert	ty	Date		Value of the
		Explain what happer	ned			property
11.	Within 90 days before you filed faccounts or refuse to make a pa No Yes. Fill in the details.		ncluding a bank or fin	ancial institution	ı, set off any a	mounts from your
	Creditor Name and Address	Describe the action t	the creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for court-appointed receiver, a cust ■ No □ Yes	or bankruptcy, was any of your pro todian, or another official?	operty in the possession			fit of creditors, a

Deb	otor 1 Suzanne Hayes		Case number	(if known)	
Par	t 5: List Certain Gifts and Contributions	;			
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ıptcy, d	did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person)	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a tota	ıl value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details.	otcy or	since you filed for bankruptcy, did you lose anyt	thing because of the	ft, fire, other disaster,
	Describe the property you lost and how the loss occurred	Include	the any insurance coverage for the loss the the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or p	repari	id you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services required		rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue Medford, NY 11763		Attorney Fees	12/17/18	\$1,800.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	itors o		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1 Suzanne Hayes

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.									
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer			y property or ceived or debts ange	Date transfer was made				
19.			y property to a se	elf-settled trust	or similar device o	f which you are a				
	Name of trust	Description and v	alue of the prope	rty transferred		Date Transfer was made				
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units										
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred?	•		•	•	,				
	Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details.			f deposit; shar	es in banks, credit	unions, brokerage				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	close	account was ed, sold, ed, or ferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any	safe deposit b	ox or other deposit	ory for securities,				
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the co	ntents	Do you still have it?				
22.	Have you stored property in a storage unit of	or place other than your	home within 1 ye	ear before you	filed for bankruptcy	/?				
	■ No □ Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the co	ntents	Do you still have it?				
Par	rt 9: Identify Property You Hold or Control	for Someone Else								
23.	Do you hold or control any property that sor for someone.	meone else owns? Inclu	ude any property	you borrowed	from, are storing fo	or, or hold in trust				
	■ No □ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)	perty? Distate and ZIP	escribe the pro	operty	Value				
Par	rt 10: Give Details About Environmental Info	ormation								
For	r the purpose of Part 10, the following definitions apply:									

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

 $toxic\ substances,\ wastes,\ or\ material\ into\ the\ air,\ land,\ soil,\ surface\ water,\ groundwater,\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ or\ other\ medium,\ including\ statutes\ other\$

Debtor 1 Suzanne Hayes

Case number (if known)

_	regulations controlling the cleanup of these substances, wastes, or material.						
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.						
		<i>tardous material</i> means anything an env ardous material, pollutant, contaminant			wa	ste, hazardous substance, toxic	substance,
Rep	ort a	all notices, releases, and proceedings th	at yo	u know about, regardless of wher	the	ey occurred.	
24.	Has	s any governmental unit notified you tha	ıt you	may be liable or potentially liable	une	der or in violation of an environm	ental law?
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice
25.	Hav	ve you notified any governmental unit of	f any	release of hazardous material?			
	■ No □ Yes. Fill in the details.						
	- Na	me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and	d	Environmental law, if you know it	Date of notice
				ZIP Code)			
26.	Hav	ve you been a party in any judicial or ad	minis	trative proceeding under any envi	ron	mental law? Include settlements	and orders.
		No					
	Ca	Yes. Fill in the details. se Title		Court or agency	Na	ture of the case	Status of the
		se Number		Name Address (Number, Street, City, State and ZIP Code)	ING	iture of the case	case
Par	t 11:	Give Details About Your Business or	Conr	nections to Any Business			
27.	Wit	hin 4 years before you filed for bankrup	tcy, d	id you own a business or have an	y of	f the following connections to any	y business?
		☐ A sole proprietor or self-employed	in a tr	ade, profession, or other activity,	eith	ner full-time or part-time	
		☐ A member of a limited liability com	pany	(LLC) or limited liability partnershi	ip (l	LLP)	
		☐ A partner in a partnership					
		☐ An officer, director, or managing ex	cecuti	ve of a corporation			
		☐ An owner of at least 5% of the votin	ng or	equity securities of a corporation			
		No. None of the above applies. Go to	Part 1	2.			
		Yes. Check all that apply above and fil	ll in th	e details below for each business	i.		
		siness Name	Des	scribe the nature of the business		Employer Identification number	
		dress mber, Street, City, State and ZIP Code)	Nar	ne of accountant or bookkeeper		Do not include Social Security Dates business existed	number or ITIN.
28.		hin 2 years before you filed for bankrup titutions, creditors, or other parties.	tcy, d	id you give a financial statement t	o a	nyone about your business? Incl	ude all financial
		No					
		Yes. Fill in the details below.					
	Ad	me dress mber, Street, City, State and ZIP Code)	Dat	e Issued			
		_					

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debto	Suzanne Hayes		Case number (if known)
with a	e and correct. I understand that makin bankruptcy case can result in fines up .C. §§ 152, 1341, 1519, and 3571.		perty, or obtaining money or property by fraud in connection to 20 years, or both.
/s/ Su	ızanne Hayes		
Suzai	nne Hayes	Signature of Debtor 2	
Signa	ture of Debtor 1		
Date	December 17, 2018	Date	
Did yo	u attach additional pages to <i>Your Stat</i>	ement of Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did yo	u pay or agree to pay someone who is	not an attorney to help you fill out b	ankruptcy forms?
■ No			
☐ Yes	. Name of Person Attach the Bai	nkruptcy Petition Preparer's Notice, De	claration, and Signature (Official Form 119).

Fill in this infor	rmation to identify your	case:		
Debtor 1	Suzanne Hayes			
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
	ankruptcy Court for the:		CICT OF NEW YORK	
Office Glates De	ankruptcy Court for the.	ENOTERIN DIOTI	NOT OF NEW FORK	_
Case number (if known)				☐ Check if this is an amended filing
Official Fo				
Stateme	<u>nt of Intentio</u>	n for Indiv	<u>riduals Filing Under Cha</u>	apter 7 12/15
You must file thin whicher on the lift two married posign and liberary write y	ever is earlier, unless the form eeople are filing together and date the form. and accurate as possib your name and case nur four Creditors Who Have tors that you listed in Pa	rithin 30 days after the court extends the r in a joint case, bounded the life more space is the fif known).	you file your bankruptcy petition or by the de time for cause. You must also send copies th are equally responsible for supplying cors needed, attach a separate sheet to this form: : Creditors Who Have Claims Secured by Pro	s to the creditors and lessors you list rrect information. Both debtors must m. On the top of any additional pages,
	reditor and the property t	hat is collateral	What do you intend to do with the propert secures a debt?	rty that Did you claim the property as exempt on Schedule C
Creditor's			☐ Surrender the property.	□No
name: Description of property securing debt			 ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: 	☐ Yes
cccaning dobt				
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	□ v _a .
Description of	f		Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt			Retain the property and [explain]:	
Creditor's			☐ Surrender the property.	No
name:			Retain the property and redeem it.	— ···-

Official Form 108

Creditor's

Description of

securing debt:

property

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

 $\hfill\square$ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

☐ No

Debtor 1	Suzanne Hayes	Case number (if known)
name: Descrip propert securin	у	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
or any ui	rmation below. Do not list real estat	erty Leases at you listed in Schedule G: Executory Contracts and Unexpire te leases. Unexpired leases are leases that are still in effect; th erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(e lease period has not yet ended.
Describe	your unexpired personal property le	eases	Will the lease be assumed?
Lessor's r Description Property:	name: on of leased		□ No □ Yes
Lessor's r Descriptic Property:	name: on of leased		□ No □ Yes
Lessor's r Descriptic Property:	name: on of leased		□ No □ Yes
Lessor's r Descriptic Property:	name: on of leased		□ No □ Yes
Lessor's r Descriptic Property:	name: on of leased		□ No □ Yes
Lessor's r Descriptic Property:	name: on of leased		□ No □ Yes
Lessor's r Descriptic Property:	name: nn of leased		□ No
Part 3: Jnder per		indicated my intention about any property of my estate that se	
	hat is subject to an unexpired lease Suzanne Hayes	v	
Suz	anne Hayes ature of Debtor 1	Signature of Debtor 2	
Date	December 17, 2018	Date	

Official Form 108

Fill i	n this information to identify your case:						rected in this form and	l in Form
Deb	tor 1 Suzanne Hayes			12	2A-1	Supp:		
	tor 2				1 .	There is no presu	ımption of abuse	
	ed States Bankruptcy Court for the: Eastern District	ct of New	York		□ 2.		determine if a presur ade under <i>Chapter</i> 7	•
	e number					Calculation (Office	cial Form 122A-2).	
(if kno	wn)				□ 3. ——		does not apply now be service but it could ap	
						heck if this is ar	n amended filing	
Off	icial Form 122A - 1							
Ch	apter 7 Statement of Your C	urre	nt Monthl	y Ind	on	ne		12/15
ttacl ase	complete and accurate as possible. If two married peon a separate sheet to this form. Include the line number number (if known). If you believe that you are exempted ying military service, complete and file Statement of Ex	to which	the additional info	rmation ise beca	applie use yo	es. On the top of an ou do not have prim	y additional pages, writ arily consumer debts o	te your name and or because of
Part	1: Calculate Your Current Monthly Income							
1.	What is your marital and filing status? Check on	e only.						
	Not married. Fill out Column A, lines 2-11.							
	☐ Married and your spouse is filing with you. F			-	3 2-11	•		
	☐ Married and your spouse is NOT filing with y							
	☐ Living in the same household and are not	• •	•			,		
	Living separately or are legally separated. penalty of perjury that you and your spouse a living apart for reasons that do not include ev	are legally	separated unde	r nonba	nkrup	tcy law that applie	s or that you and your	
10 th	Il in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the e 6 months, add the income for all 6 months and divide the couses own the same rental property, put the income from the	e 6-month p total by 6.	period would be Ma Fill in the result. Do	rch 1 thro not inclu	ough A ude any	ugust 31. If the amo y income amount mo	unt of your monthly incon ore than once. For examp	ne varied during le, if both
						umn A otor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overting payroll deductions).	ne, and o	commissions (b	efore all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not incl Column B is filled in.	ude payn	nents from a spo	use if	\$	1,500.00	\$	
4.	All amounts from any source which are regularl of you or your dependents, including child supp from an unmarried partner, members of your house and roommates. Include regular contributions from filled in. Do not include payments you listed on line	oort. Incluehold, you a spouse	ude regular contri ır dependents, pa	ibutions arents,	\$	0.00	\$	
5.	Net income from operating a business, professi	on, or fa						
		\$	Debtor 1 500.00					
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$ ——	0.00					
	Net monthly income from a business, profession, or farm	\$	500.00	Copy here ->	· \$	500.00	\$	
6.	Net income from rental and other real property		Debtor 1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real proper	rty \$	0.00 Copy	here ->	* \$_	0.00	\$	
7.	Interest, dividends, and royalties				\$	0.00	\$	

Official Form 122A-1

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing spou	se
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a bene	efit under				
	For you \$	0	.00				
	For you \$ For your spouse \$		<u></u>				
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act.		as a	\$	0.00	\$	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	Security Act or payme manity, or internation	ents al or				
	·			\$	0.00	\$	
				\$	0.00	\$	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	2,000.00	+ \$		2,000.00 otal current monthly come
art	2: Determine Whether the Means Test Applies to	o You					
12.	Calculate your current monthly income for the year.	Follow these steps:					
	12a. Copy your total current monthly income from line 1	1		Сору	/ line 11 h	sere=> \$_	2,000.00
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of the	e form				12b. \$_	24,000.00
13.	Calculate the median family income that applies to	you. Follow these ste	eps:				
	Fill in the state in which you live.	NY					
	Fill in the number of people in your household.	2					
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link	specified	in the separa	ate instruct	13. \$_ iions	69,642.00
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. Of Go to Part 3.	n the top of page 1, c	heck box	1, There is r	no presum	ption of abuse.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2	2, The pre	esumption of	abuse is o	determined by Fori	n 122A-2.
art	3: Sign Below						
	By signing here, I declare under penalty of perjury	that the information of	on this sta	atement and	in any atta	chments is true ar	nd correct.
	V /-/ 0						
	X /s/ Suzanne Hayes Suzanne Hayes Signature of Debtor 1						
	Date December 17, 2018						
	MM / DD / YYYY If you checked line 14a, do NOT fill out or file Forn	n 122A-2					
	If you checked line 14h, do NOT fill out of file Form						

Suzanne Hayes

Debtor 1

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

	Eas	stern District of New You	:k		
In	re Suzanne Hayes	Debtor(s)	Case No.	7	
		Debtor(s)	Chapter		
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered	d or to
	For legal services, I have agreed to accept		\$	1,465.00	
	Prior to the filing of this statement I have received			1,465.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed com	npensation with any other person	n unless they are men	bers and associates of my l	aw firm.
	☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the n				m. A
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ets of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, stace. c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on headers. 	atement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex- tions as needed; preparation	h may be required; and any adjourned heater	urings thereof;	of
5.	By agreement with the debtor(s), the above-disclosed f Representation of the debtors in any d any other adversary proceeding.	ee does not include the followin ischargeability actions, jud	g service: licial lien avoidand	es, relief from stay act	ons or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for	or payment to me for	representation of the debtor	(s) in
	December 17, 2018	/s/ Richard A. Ja	coby, Esq.		
-	December 17, 2018 <i>Date</i>	Richard A. Jaco	by, Esq.		
-	·	Richard A. Jaco Signature of Attorn	by, Esq.	w	
-	·	Richard A. Jaco Signature of Attorn Jacoby & Jacob 1737 North Ocea	by, Esq. <i>ey</i> y, Attorneys At La an Avenue	w	
-	·	Richard A. Jaco Signature of Attorn Jacoby & Jacob	by, Esq. <i>ey</i> y, Attorneys At La an Avenue	w	

United States Bankruptcy Court Eastern District of New York

In re	Suzanne Hayes			
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Richard A. Jacoby, Esq.
Jacoby & Jacoby, Attorneys At Law
1737 North Ocean Avenue
Medford, NY 11763
631-289-4600

USBC-44 Rev. 9/17/98

Barclays Bank Delaware Attn: Customer Sprt Dept Po Box 8833 Wilmington, DE 19899

Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 18215 Columbus, OH 43218

Discover Bank 6500 New Albany Road New Albany, OH 43054

Knuckles, Komosinski &
Elliott, LLP
565 Taxter Road
Suite 590
Elmsford, NY 10523

NJCC NYS Community Restor 80 State Street Albany, NY 12207-2543

NYS Dept of Taxation & Fi WA Harriman State Campus Albany, NY 12227-0001

Selip & Stylianou, LLP f/k/a Cohen & Slamowitz P.O. Box 9004 199 Crossways Park Drive Woodbury, NY 11797-9004

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Suzanne Hayes	CASE NO.:.
		(b), the debtor (or any other petitioner) hereby makes the following disclosure nowledge, information and belief:
was pending at any taspouses or ex-spouse partnership and one have, or within 180	time within eight years before thes; (iii) are affiliates, as defined or more of its general partners;	purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ne filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ither of the Related Cases had, an interest in property that was or is included in the l.
■ NO RELATED	CASE IS PENDING OR HAS E	BEEN PENDING AT ANY TIME.
☐ THE FOLLOWI	NG RELATED CASE(S) IS PE	ENDING OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTRICT	C/DIVISION:
CASE STILL PEND	DING (Y/N):	[If closed] Date of closing:
CURRENT STATU	JS OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT	C/DIVISION:
CASE STILL PEND	DING (Y/N):	[If closed] Date of closing:
CURRENT STATU	JS OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHI	CH CASES ARE RELATED (Refer to NOTE above):
	LISTED IN DEBTOR'S SCHE F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT	T/DIVISION:
CASE STILL PEND	DING (Y/N):	[If closed] Date of closing:

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE: (I	Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	o NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	"A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S AT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Yo	ork (Y/N): Y
CERTIFICATION (to be signed by pro se debtor/petitione I certify under penalty of perjury that the within bankruptc as indicated elsewhere on this form. /s/ Richard A. Jacoby, Esq.	y case is not related to any case now pending or pending at any time, except
Richard A. Jacoby, Esq. Signature of Debtor's Attorney Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue	Signature of Pro Se Debtor/Petitioner
Medford, NY 11763 631-289-4600	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
Telling to fully and touchfully and the U.S. Comment	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009